



This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

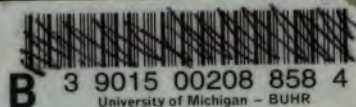
- + *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.
- + *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.
- + *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.
- + *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at <http://books.google.com/>

TERMS: TWO DOLLARS A-YE

GEORGE



Medical and Surgical ENCYCLOPEDIA.

EDITED BY
HORATIO N. HOLLIFIELD, M. D.,
AND
TOM W. NEWSOME, M. D.



Large totum, si vis scire totum.

VOL. I.

JULY, 1860.

NO. 3.

SANDERSVILLE, GEORGIA:
PRINTED BY J. M. G. MEDLOCK, MASONIC HALL BUILDING.
1860.

PUBLISHED MONTHLY.

CONTENTS.

ORIGINAL COMMUNICATIONS.

Intersusception. By Horatio N. Hollifield, M. D., Sandersville, Georgia.	97
Domestic Practice. By A. C. C. Thompson, M. D., Sandersville, Georgia.	102
Convulsions in the Early Stages of Pregnancy. By Horatio N. Hollifield, M. D., Sandersville, Ga.	107
What is Mind—A Fragment. Selected by J.	111
Errors in Diagnosis—With Cases. By E. B. Hook, M. D., Sandersville, Ga.	113

SELECTIONS.

Ought a Physician to tell a Patient that he is going to die,	120
Laceration of the Cervix Uteri. From Preternatural Rigidity,	123
The First Experiment with Chloroform,	126
Gelsemium Sempervirens in Gonorrhoea,	127
Fœtus Carried Twenty-Two Months beyond Term,	127
Clinical Lecture on Erysipelas,	129
On the Use of Quinine in Scarlatina,	134
Valuable Surgical Discovery,	135
Regimen,	137
Atropia in Incontinence of Urine,	138

EDITORIAL AND MISCELLANY.

Reports, Cases and Diagnosis,	139
St. Louis Medical College,	139
The American Medical Association,	140
Rest at the Present Day,	140
Effects of Disease upon the Teeth,	140
Medical Science. Health Undervalued,	141
Massachusetts Medical Society,	141
Cautery to the Epigastrium in the Vomiting of Pregnancy,	141
Case of Violent Epistaxis.	142
Prevention of the Unpleasant Taste of Balsam Copaiva,	142
Ill Treatment of Physicians. A New Danger from Chloroform,	143
Cure of Itch in Half an Hour.	143
Medical Prizes,	144

GEORGIA

Medical and Surgical Encyclopedia.

VOL. I.]

JULY, 1860.

[NO. 3.

ORIGINAL COMMUNICATIONS.

INTERSUSCEPTION.

BY HORATIO N. HOLLIFIELD, M. D., SANDERSVILLE, GA.

Intersusception is as greatly to be feared as to be deplored. Difficult of diagnosis and always attended with danger to the patient, a majority of cases, in defiance of the skill of the ablest and most experienced physicians and surgeons, terminate fatally.

This affection (invagination of the intestine,) occurs when one portion of the intestine is forced into another, or when a knot or loop is formed in the intestines, or by their twisting upon themselves; which may be caused by violent spasmodic action, or an increased amount of peristaltic action of the intestines.

Intersusception generally takes place in the ileum near to the colon—although it may occur in any portion of the intestine—by an upper portion being forced into a lower, or a lower into an upper, as is often to be seen in post mortem examinations. Sometimes the adhesion of one portion of intestine with another is found to be so great as to demand a large amount of force in order to break up its attachments; and, at times, they are so strong that it is impossible to separate the parts without materially injuring them.

Whenever this affection occurs, it is always characterized by such symptoms as are present in cases of strangulated

hernia ; but owing to the great difficulty of diagnosis, as to whether the train of symptoms are caused by intersusception or some other intestinal obstruction, it is hard to judge the case and put it under an appropriate form of treatment. Gastric irritation, nausea, acute pains, often complained of as colic, fever, abdomen often tympanetic, desire to go to stool, attended with violent tenesmus. These are the principal symptoms of this affection. Sometimes the point of strangulation can be felt, by pressing the abdomen, in the form of a tumor, and the vomiting of stercoraceous matter are the principal symptoms characterizing cases of intersusception.

The treatment of this affection is generally by means of warm baths, blood-letting, and the free use of opium or morphine, until the system is completely relaxed. If the obstruction of the bowels be dependent upon a spasmodic stricture, it will be overcome and the patient recover. The introduction of air into the intestines by means of a common bellows is often used, and, I am happy to say, with some success. The forcing of large glysters into the colon is also recommended ; and the introduction of long tubes, and the forcing of fluids through them, ~~has~~ also been successfully tried. Quicksilver has been administered, and melted lard given in very large doses. The operation of Laparotomy has been advised and performed for the purpose of removing the causes of obstruction from the intestines. This operation, however, has met with but little favor, and is, in fact, condemned by many therapeutists. It is now entirely discountenanced by a great majority of the medical profession.

Having had several cases of intersusception under my care during the past year, and thinking that they will interest some, I annex a brief account of two of them.

CASE 1. A negro woman aged about thirty years, of a full habit, plethoric, in good health ; attacked with general febrile symptoms, and complaining of costiveness, had a dose of oil administered, which failing to operate, she took a dose of salts with no better success. At night she was

seized with pains of the most excruciating character in the abdomen and right lumbar region, in consequence of which, I was sent for, and informed by the boy who came after me, that the woman was laboring under a very severe attack of colic, and would die soon if something was not done to relieve her. On arriving at the house and examining the patient, I found the tongue coated, the pulse quick and full, the abdomen tender and slightly tympanitic, the woman vomiting stercoraceous matter. In about an hour after I arrived, I gave her half a grain of the acetate of morphine, repeating every fifteen minutes until she had taken two grains, which relieved her pain at the time, but it returned in about six hours, when she again vomited fecal matter. Gave her large and frequent injections without any effect; applied croton oil to the abdomen in order to bring on a desire to go to stool and evacuate the bowels, but it failed to produce an operation. I then tried tobacco, but unsuccessfully. The woman continued to suffer greatly, unless fully under the influence of opiates. Warm applications had been kept up all day. In the evening she sunk into a stage of collapse—extremities cold, pulse very rapid and weak, and deficient in force and volume. From this condition she was roused by means of stimulants, freely administered. She was very weak, and on being raised up in bed fainted twice in consequence—once in my absence. At night, myself and partner, Dr. T. W. Newsome, succeeded in passing into the rectum a long tube, and injected, by means of a stomach pump, over a quart of warm soap suds; but, like all the other injections which had been given so freely during the day, it appeared to do no good. Not discouraged, however, we administered it a second time, and succeeded in introducing the tube to a greater extent and in injecting three pints of fluid. This had the desired effect; a passage was effected, and the operations were large and good; the stimulants were required very freely; the pains in the abdomen disappeared, but the tenderness remained for some time afterwards. The patient from that time forward rapidly improved, and in about ten days from

the time the first evacuation was obtained, she was able to be up and attend to her domestic duties.

CASE 2. A lady, (Mrs. N——, of S.,) about thirty-three years of age. She had suffered for a long time with dyspepsia and neuralgia, and sometimes with bilious colic. Thought she had an attack of this kind on Tuesday night; was better, however, on the following day, when she was attacked with sharp lancinating pains in the back and abdomen, and violent retching and vomiting. On Wednesday evening, May 23d, I visited this case in connection with Dr. Smith. We gave her one-quarter grain of morphine, and finding that the pains were still severe, and the vomiting continuing, gave a tumbler full of warm water, thinking that possibly the vomiting depended entirely on the presence of some substances in the stomach. After the water was thrown off, we administered a quarter of a grain more of morphine, and in about half an hour gave her another dose. The vomiting, after that, stopped, and the patient seemed to rest easy until about 12 o'clock that night, when there was a return of pain similar to cramp. Morphine was again given, followed with strychnine, in solution, in doses of one-thirty-sixth of a grain every four hours, for the purpose of relieving the pain, which, it was thought, might be neuralgic. The next morning, Thursday, May 24th, the vomiting was not so frequent as the night before. Gave hydrag. chl. mite five grains every four hours, in form of pill. Patient seemed somewhat better; the pains in the abdomen still continued, and a large blister of cantharides was applied over its whole surface; ordered injections to be given every two hours. She then appeared to rest easy; spent a much better night, and seemed greatly improved for a short time. Friday, May the 25th, the pain got worse and the vomiting re-commenced. Administered hydrag. chl. mite in small doses, and dressed the blister with simple ointment, sprinkling over it two grains of morphine, which relaxed the system and caused the patient to rest easier. Her pulse was soft and regular; did not denote much intestinal irritation; the skin soft; the abdomen not

distended and not very tender. Administered pills of hydrag. chl. mite, ext. of colycinth and castor oil, in large doses. Seemed to be better; then gave copious injections of warm soap suds every two hours—one of them containing about a drachm of aloes—but the obstruction in the bowels was not removed. The patient, however, seemed easy, although the countenance appeared anxious; the lancinating pains in the abdomen and back were at times very severe; the morphine was continued, and a small quantity of salts added to the injection. The next morning, Saturday, May 26th, she was no better. It seemed impossible to obtain an operation on the bowels; the vomiting was very frequent and severe, and a large amount of stercoral matter was thrown up. Gave the melted lard in large doses without any effect; fecal matter in small quantities continued to be thrown from the stomach. The long tube was then introduced, and stimulant injections, as large as possible, were thrown into the intestine, but without avail. Our patient began to sink; and although everything which promised relief was tried by Dr. Smith and myself, and Dr. Brantley, who had been called in consultation on Saturday morning, with Prof. Hemming, who had also visited the case, yet we could accomplish nothing; and at 12 o'clock on Sunday, May the 27th, she breathed her last—dying easy, after an illness of only four days. There was but little increase of tenderness in the abdomen on pressure, and the pains in the back and abdomen continued to the end. Stercoral matter was voided by the mouth up to the time of death. No evacuation from the bowels was obtained from the time she was first attacked. No post mortem examination of the case was made.

Domestic Practice.

BY A. C. C. THOMPSON, M. D., SANDERSVILLE, GA.

(Continued from page 71.)

In every part of the physical world, life and action are maintained by the circulation of matter. Above, below, around, within and without, all is circulation; all is action.

This beautiful and unceasing circulation of matter occurs in every department and ramification of nature. In the distillation of vapors and the pluvial torrent; the pearly dew-drop and the rushing cataract; the murmuring rivulet and the storm-lashed ocean; the slow disintegration of rocks and the terrific eruptions of volcanoes; the microscopic fungus and the banyan of India; the invisible animalcule and the cetacean monster.

We will not stop to contemplate this interminable series of circulations, which might afford employment for a lifetime; but proceed to complete our brief outline of the systems in human physiology.

The Circulating System is reparative; its chief functions being to convey the nutritive elements, elaborated in the digestive system, to every part and tissue of the body for assimilation, and to eliminate from the body those elements that have become infected with the principle of decay.

The organs of the circulating system are, the heart, arteries, veins and capillaries. The blood is the medium for transmitting the building materials to the wasting tissues, and also for carrying off a large portion of the waste matter from the system.

The chyle, after being collected from the intestinal canal by the lacteals as before mentioned, passes upward through a tube called the thoracic duct, and is poured into a large vein (the left subclavian,) situated under the left clavicle, or collar bone. Here it mingles with the venous blood, and by this means a constant supply of nutritive matter is afforded.

Blood taken from an artery presents a bright scarlet color. This is the pure blood which is sent out from the left ventricle or cavity of the heart, and forced through the

arteries to every part of the system. The blood drawn from the veins has a dark purple color. This is the blood returning to the heart, after it has passed through the various tissues, distributed its assimilating elements, and imbibed a considerable quantity of waste carbonaceous matter, which gives it the dark purple color. This dark venous blood cannot enter the arterial circulation again until it is purified. For this purpose, after being received into the right ventricle of the heart, it is sent to the lungs, where it parts with its carbon, becomes purified, is sent back to the left ventricle of the heart, and forced out through the arterial circulation as before described.

The nutrition of the various tissues, and the change from arterial to venous blood by the collection of waste materials, is effected in the capillaries, which are very fine microscopic vessels interwoven through the tissues like net-work, and forming the connecting links between the arterial and venous circulations.

The Respiratory System performs three important functions. It converts the newly received chyle into blood, it disengages the waste carbon from the blood, thereby rendering it pure, and it maintains animal heat, by the chemical action which takes place between the elements of the blood and the oxygen of the inhaled air.

The chief organs in this system are, the larynx, (Adam's apple,) the trachea, (windpipe,) the bronchial tubes and the lungs.

The lungs are those light porous bodies vulgarly called lights, which fill the greater part of the cavity of the chest. They are filled with little air-cells, and when the dark venous blood meets with the air in these cells a portion of the oxygen of the inhaled air combines with the carbon of the blood, forming carbonic acid gas, which is exhaled, and another portion of oxygen combines with the newly received chyle converting it into albumen, fibrine, caseine, &c., which are the reparative elements of pure blood.

If respiration should cease but for a few moments, the impure blood would act as a poison, and death would ensue.

Hence, the importance of maintaining this important function unrestrained, and in as pure an atmosphere as possible.

The Nervous System is not only the medium through which we hold intercourse with the material and intellectual worlds, but it regulates to a great extent the functions of all the other systems. The organs of this system are the brain, spinal marrow and nerves.

The brain, which is the great nervous centre, has been fitly compared to a galvanic battery, the nerves to the wires or poles of the battery, and the sensations and volitions passing to and from the brain are supposed to resemble the electric or galvanic currents that pass along the wires of a battery.

Nervous filaments branch out from the brain and spinal chord and ramify to every organ and part of the body, so that every part except a portion of the hair and nails may be said to possess sensation. The bones have but little sensation.

Before voluntary muscular action takes place, the idea must be conceived in the brain, and communicated through the nerves to the particular muscle that performs the action. And every sensation of sight, hearing, taste, smell, or touch, is conveyed to the brain through the nerves of the organ affected. If the principal nerve leading to any particular organ shall be cut off, the functions of that organ will immediately cease.

Having given a very concise view of the various systems, I will now speak of the diseased condition of some of the most important organs, and the most simple mode of treatment.

We will here remark, that these articles were not intended for the professional eye; else, we would not have introduced the brief outline of human physiology, with which every well read physician is very familiar. Our object was, to furnish matter for the unprofessional readers of the journal; and hence, we have studiously avoided prolixity and learned technicalities, only such few as we have explained.

We commence with the Digestive System; and as the

most prominent organ of that system, we first take the stomach. This important organ is the receptacle and laboratory of the food. Its walls have three coats; the inner coat is a mucous membrane, the middle coat is muscular, and the outer coat is a serous membrane. Mucous and serous membranes are both secretory. A mucous membrane secretes a thicker fluid called mucus, and a serous membrane secretes a thinner watery fluid called serum.

The inner or mucous coat of the stomach in a healthy state, presents a light pinkish appearance, considerably corrugated or wrinkled. In this coat are situated the little glands that secrete the gastric juice, which is the chief solvent of the food.

The stomach is liable to be inflamed from various causes, such as the introduction of corrosive poisons, indigestible substances, highly stimulating articles of food or drink, or even an undue quantity of what would be wholesome food if taken in proper quantity. In this pathological condition it presents a deeper red color, according to the intensity and continuance of the inflammation. In some violent inflammations of the stomach, the blood vessels are so turgid that the mucous coat is a dark red, with a marbled or pied appearance. This condition is frequently seen in old inebriates who have died from drunkenness. We once examined the stomach of a man who died from Asiatic Cholera, and found the interior of the stomach almost black, considerably abraded, and in several places the mucous coat entirely destroyed.

There is no term more apt to be misunderstood by many of the unprofessional than inflammation. Many persons confound it with mortification, or death of the part affected. Hence, we have frequently heard persons inquire thus about a patient. "Doctor, do you think inflammation has taken place?" and on being answered in the affirmative, they were quick to decide that there could be but little chance for the recovery of the patient.

Cholera Morbus. This is an irritable state of the stomach frequently caused by improper articles of diet. It is more

common in hot than in cold weather; which is probably owing to an excited state of the liver. Its symptoms are nausea, griping pains in the stomach, frequently attended with vomiting, and sometimes purging. The matter vomited generally consists of undigested or partially digested food, mixed with bilious matter. There is, generally, little or no fever during the first few hours of the disease, and no tenderness or soreness experienced from pressure upon the stomach; but after the disease has continued for some time, say from four to six hours, febrile symptoms supervene, and the stomach gradually becomes tender upon pressure.

Treatment. When the disease has been induced by improper diet, the stomach should be cleared of the offending matter, if it has not already been done by previous vomiting. For this purpose, administer to an adult about 25 grains of Ipecacuanha mixed in half a tea-cupful of tepid water. If there is much pain, with vomiting or purging or both, prepare a mixture with equal parts of Laudanum, tincture of kino and spirits of camphor; say, half an ounce of each, and give to an adult a small tea-spoonful every forty or fifty minutes in a little sweetened water, until three or four doses have been taken or the symptoms have been relieved. At the time of giving this mixture, or even before, apply a large and strong mustard plaster over the stomach, and immerse the feet and ankles in warm mustard water.

If the bowels have not been acted upon during the attack, they should be opened by a large injection. To one pint of warm water add one gill of syrup or molasses, three table-spoonful of castor oil, and one table-spoonful of common salt, administer moderately warm with a large syringe.

If the nausea and vomiting should continue after the contents of the stomach have been ejected, it may sometimes be relieved by small effervescing draughts composed of twenty-four grains bicarbonate of soda in one glass, and twelve grains of citric acid in another, to which add one-

eighth of a grain of morphia, made palatable with lemon syrup. If the effervescing powders cannot be obtained, small pieces of ice chewed and swallowed at short intervals will sometimes have a soothing effect. Also six or eight drops of creosote given in an emulsion of sweetened gum Arabic water, sometimes relieves the nausea and vomiting.

After the violence of the attack has been subdued, if there is fever and tenderness of the stomach, several small doses of calomel, ipecacuanha and opium or morphia may be administered, and perfect rest and abstinence from food should be enjoined until the unfavorable symptoms have all subsided. Calomel, 8 grains; Ipecacuanha, 4 grains; Opium, 2 grains, or Morphia, 1-2 grain; mix and divide into three powders, and give one every three hours. When the patient has recovered, his diet for several days should be of a very mild character and in small quantities, to guard against a relapse.

When cholera morbus is attended with violent griping pains and cramps, about sixty drops of tincture of assafoetida with thirty drops of laudanum affords relief. Sometimes a warm bath with mustard added is beneficial, and occasionally relief has been given by cupping over the stomach. If the disease does not soon begin to yield to the first remedies, it is best to call in the family physician, as it may prove fatal in a few hours if not relieved.

Convulsions in the Early Stages of Pregnancy.

BY HORATIO N. HOLLIFIELD, M. D. SANDERSVILLE, GEORGIA.

CASE 1. Mrs. W——n, aged twenty-five years, with a vigorous and healthy constitution, married in December. In July following I was called to visit her; found her laboring under a great amount of excitement; very nervous; had spasms every hour in the day, which were very violent; pulse full and strong; bowels constipated.

Bled her freely until she complained of being very weak. Gave her hydrarg. chl. mit., rad. jalap, aa. grs. x., to operate upon the bowels; applied ice water to the head and

sinapisms to the extremities. Under this treatment the patient rested well all night; but in the morning she had another convulsion, not so severe as those of the previous day, and afterwards complained of very severe pains in the lower portion of the abdomen. On inquiry, her nurse informed me that there was some show. The pains continued, regularly increasing in power and frequency, until evening, when she miscarried, losing a foetus which, from appearances, I judged to be of four months. During the paroxysms of pain in her labor she had one spasm, which caused me to bleed her again freely, partly to produce relaxation of the parts, which were unusually rigid. She gradually improved after this, and was soon able to get about.

CASE 2. Mrs. —, a lady aged about twenty-three years, whom I attended in consultation with Dr. S. D. Brantley. She had been married about a year; had complained of severe pains in the head for some time, but particularly on Wednesday evening, the 9th of May. Rested as usual during the night, but in the morning, May 10th, the pain in the head still continued. The action of the will over the voluntary muscles was partially suspended; in endeavoring to take hold of one portion of her dress she invariably found herself taking hold of a different part; had no appetite for breakfast, but drank a little coffee. After rising from the table she was seized with a violent convulsion, which lasted about half an hour, and was followed by two others in quick succession. Dr. Brantley was sent for, and saw her a short time after the last paroxysm. On examination he found her perfectly rational; pulse regular, neither full nor strong; and, under all the circumstances, deemed bleeding wholly inadmissible. The bowels were somewhat constipated; complained only of pain in the head, resembling a common head-ache. She was *enceinte*—had been so for five or six months.

Ordered cloths dipped frequently in cold water to be applied to the head; a bath of pepper water to the feet; small doses of the sulphate of magnesia, frequently repeat-

ed, to relieve the bowels ; left the patient doing apparently very well.

In the evening the convulsions returned, and followed so fast one after the other that she had no moment of consciousness after sun-down, when I was called in consultation with Dr. Brantley, who took off all her hair, and the pulse being full and strong he bled her as much as she could bear, taking about forty ounces of blood. We then anointed the region of the axilla with a strong unguent of aconite. This was the most available method of administering it, in consequence of her being unable to swallow, as she was in what might be termed a comatose state. After this, the convulsions did not occur so frequently ; neither were they so violent. We continued the cold applications to the head, and the pepper water to the lower extremities.

May 11th. In the morning found the lady better. There was no show indicating miscarriage ; pulse soft and regular ; the patient able to swallow, but still not in the possession of all her faculties. Gave five drops of the tr. of aconite rad. in water, every two hours ; and the bowels being still constipated, administered hydrarg. chl. mit., rad. rhi. pulv. aa. grs. xii., to be followed by small doses of the sulphate of magnesia every two hours, in order to produce free evacuations. We then left, and at 4 o'clock in the evening, with Dr. Brantley, I visited her again, and found a slight change for the better ; the pulse soft, slow and regular ; the skin moist and cool ; the bowels open, there having been several operations since morning ; stupor still continued ; no spasm since morning. In consequence of the visible improvement in the case, which, however, was very slight, we continued our treatment, giving tr. aconite, with cold applications to the head, the warm bath to the feet, and another dose of hydrarg. chl. mit. and rad. rhi., to keep the bowels open—determined, however, to apply cups the next day and take blood locally, if the comatose state continued or the patient did not greatly improve by then.

Saturday, May 12th. Together, we again visited the

patient; found her much better; symptoms decidedly favorable; the stupor had disappeared and entire consciousness was fully restored, having become rational early in the morning; the pain in the head still continued. Applied a blister on the back of the neck, extending up some distance on the occipital and around on each side to the temporal bones; gave the aconite in smaller doses and at longer intervals; ordered the bowels to be kept open, and continued the cold applications to the head.

Monday, 14th. The patient was visited by Dr. Brantley and found to be greatly improved; was discharged, and in a few days she had almost regained her usual health and spirits. In this case we had no bad sequence. The patient rapidly improved, and although some time has now elapsed and she is in good health, yet she frequently has pain in the head, which must necessarily cause her a great amount of uneasiness.

Convulsions of this character, occurring in the early stages of gestation and entirely dependent upon the condition of the woman, (her being *enceinte*,) are not common; yet they do very frequently occur, particularly in cases of Primiparas, and are always alarming, not only in consequence of the great amount of interest and solicitude felt by all in reference to the peculiar condition of the female, but also because of the danger of attacks of this kind.

The plan of treatment which I consider as being generally beneficial in these cases is as follows: Bleeding, local and general, to relax the system and relieve the congestion. Cathartics, to evacuate the bowels, and so relieve them. Sedatives, to diminish the force and volume of the circulation; and if miscarriage is threatened, I never attempt to prevent it. Counter irritants are also useful (after the most violent attacks have been subdued,) as preventives of inflammatory action.

Miscarriage is oftentimes the result of these convulsions. Frequently, and, in fact, generally, the patient is never permanently relieved until that takes place, or until she completes her full period of gestation and has given birth

to her child. Until then, she is in constant danger of a recurrence of these terrible and alarming attacks, which every physician should understand and be ready and able to treat with success.

What is Mind?

[A Fragment from E. C. Selected by J.]

What is mind? ask the physiologist and the anatomist. They are the followers of inductive and experimental sciences, they live in the investigation of man and his nature; but they are unable to furnish us with the required information. They scrutinize merely the external appearance, noticing the distinctions which separate race from race, peculiarities of form, structure and temperament, which, if they do not cause, are intimately connected with the mental aptitudes and dispositions of men; but still all their investigations are founded upon matter and its properties. They plunge the dissecting knife into the frame, explain the form and functions of the viscera, divide the muscles which were once the agents of power, tear up the nerves which were once the channels of sensation and the conductors of the current of will, anatomize the lungs where vital heat was once generated, trace all the ramifications of the vascular system through which from that powerful fountain, the heart, flowed the stream of life. But in all this there is nothing but matter and its operations; we lay hold of no trace of the mind, but the brain still remains, and in connection with mind that is the most important of all the organs. After ages of disputation, during which the feelings and intelligence of men have been placed in the heart and other organs, all men worthy of scientific reputation have concurred in recognizing the brain as the seat of the mind, and modern science, if it has not already recognized, has a tendency to hold to the theory that from the form of the brain may be inferred the mental powers and their specific direction. Go, then, to the brain; let the keen edge of the anatomist's blade separate its fibres and dive into its

deepest recesses; notice its gray matter, its white matter and its cellular tissue; observe how its convolutions are disposed; mark how the nerves all tend here as to a common centre; those nerves, it is settled are the channels of those sensations which come to, and those volitions which go from the brain. Everything announces that this is the temple of intellect—the seat of the mind; but the structure is vacant, the occupant has fled; with life fled mind, with mind intelligence. We have here the mere physical organization which wedded to life produced thought; here, the highest conceptions of the poets, the most benevolent aspirations of the philanthropist, the profoundest theories of the philosopher had their rise and first become embodied as ideas,—now we see a mass of inert matter which does not bear upon it a trace of the noble uses which it has subserved. So, as a parallel, we may fancy with Hamlet, “Alexander’s dust coming to stop a bung-hole.” The anatomist must tell you that all his researches end in the investigation of matter from the most gross to the most delicate of all tissues, from the massive muscles to the attenuated nerves; from the firm unyielding bones to the soft pulpy brain, all is matter still; the subtle essence, mind, which once pervaded it and made it the instrument of will, eludes all search and baffles all investigation.

In the performance of our duty, one feeling should direct us; the case we should consider as our own, and we should ask ourselves whether, placed under similar circumstances, we should choose to submit to the pain and danger we are about to inflict. Guided by this principle, and having collected all the evidence which applies to the case, we perform our duty without the reproaches of conscience which must await those who unnecessarily subject their patients to pain and danger.—*Sir Astley Cooper.*

Errors in Diagnosis—With Cases.

BY EDWARD B. HOOK, M. D., SANDERSVILLE, GA.

Being solicited to contribute to this number of the journal just prior to its going to press, we have not time to write an elaborate article upon a special subject. We have, therefore, concluded to report a few cases which have occurred in our practice, the object of which will be to show that no treatment can be successful which is not based upon a correct diagnosis.

"The diagnosis of disease constitutes the first part of the office of the physician in his actual visits to the sick. The sources of diagnosis are the history, the symptoms, or changes in function, (the physical signs,) the effects of remedies, and the morbid anatomy, or changes in structure." It is, however, principally from the symptoms, viewed in the light shed upon them by the history of the case, that we arrive at our conclusions. In studying and comparing symptoms, every thing, even the most apparently trivial, which could by possibility have a bearing in the case, must be strictly noted. It is, therefore, necessary that upon approaching the sick we narrowly examine the countenance, note the eye, study its expression, observe the gestures—the apparently careless posture of the limbs, the manner of reclining—whether on the back, side, abdomen, or half reclining with the chest raised. To the experienced medical eye these things are taken in at a glance, and almost unconsciously; and they frequently throw a flood of light upon some otherwise obscure symptom. We must also bear in mind that diseases entirely distinct in their nature frequently have symptoms so much alike as to deceive those of great experience. It behooves us, therefore, to be cautious, and to leave no symptomatological stone, so to speak, unturned. Marshall Hall says: "On considering the nature of experience in medicine, it is plain that it consists, in a great measure, in an acquired capacity for receiving and acting on general impressions induced in the mind by the repeated contemplation of disease. The inexperienced practitioner is incapable of receiving these

general impressions ; *the experienced are, in general, incapable of explaining them.*" We understand him to mean, by the portion of the sentence we have italicized, that there are *deductions* and *inductions* arising in the experienced physician's mind from his rapid survey of the symptoms, the processes of which are so shadowy as to escape his consciousness, elude his reason, and bid defiance to his capacity of expression. In other words, that every man's experience, or its *results*, is his own *acquired* property, which he cannot explain or make over to another. This, we would take *cum grano salis*. There must be a possibility of placing another mind *en rapport* with our own ; of fixing it at the same "stand point" which we occupy, from which it sees—not with our eyes, it is true—but with the mind's eye, the same objects that we do, and in the *same relations* ; otherwise we might burn our medical libraries, and let each disciple of Galen trust to such unassisted experience as he might perchance acquire—or to quackery. We are of those who believe that the inexperienced, upon reading an analysis of those general impressions made upon the mind of those more experienced, will the sooner become capable of acting upon similar general impressions himself, and will be materially assisted in his attempts at diagnosis. With these few prefatory remarks, we submit the following cases :

CASE 1. We were called to see a young lady, about twenty years of age, who had been lying in apparently a comatose state for a week. Had been under treatment, and the symptoms were pronounced as being indicative of some disease of the brain. What was considered all necessary means having been used, and the case not improving, I was sent for. On reaching her house, I found my patient lying on a pallet on the floor, in the following condition : Pulse about eighty-five, slightly full ; face pale ; eyes partly open, turned up under the lids, and showing nothing but the whites ; limbs somewhat rigid ; thumbs drawn slightly in upon the palm of the hand ; heat of the body but slightly above natural ; tongue—which

could only be seen by pressing the jaws apart—nearly natural; could not be roused by the loudest cries; bowels had been opened by medicine a day or two before. We received the following history of the case: The young lady had been on a visit about ten days previously, and had returned home during a shower of rain; but on changing her clothes, which she did immediately, and drinking some hot coffee, complained of no inconvenience from it. On the next day she felt dull and sleepy, and toward evening had slight pain in the head. From that time she had gradually grown worse, until she arrived at the condition in which we found her. She had not spoken to or recognized any one for four or five days; nor, said the history of the case, had she taken any nourishment for a week, except an occasional spoonful of soup, which she would swallow convulsively when poured into her mouth and the back part of the tongue pressed down by the spoon.

Having made up my mind as to the nature of the case pretty soon after seeing her, I proceeded to ask her mother a few questions relative to the regularity of her menstrual periods. I learned from her that the patient was very irregular in this respect, though its appearance had been looked for about the time she got the wetting. This confirmed me in my previous view of the case, and I at once diagnosed it to be *Hysterical Eclampsia*. There was no real disease of the brain here; nothing to call for the lancet, blisters, or other heroic practice. Having very serious doubts as to her *deafness*, I did not venture to state in her presence what I thought her disease was, although my opinion on this point was several times sought by the surrounding matrons.

And here let me say, wo be to that medical wight who tells *any* woman that he thinks she has the *hysterics*. We contented ourself by saying that it was a very severe nervous affection, and that, as we had seen several such cases before, we felt no hesitation in assuring them that she could be relieved in a very short time. We now had a "regiment of mustard plasters" spread, and directed that

they be applied over the whole length of the spine, the abdomen, and on the limbs, wherever space could be found to apply one. As soon as they were put on, we stood, watch in hand, and predicted, loud enough for her to hear if she were *not* deaf, that in twenty minutes she would speak, and not *till* then. We could see, from the twitching of the mouth and face and involuntary movement of the limbs, that she was ready and anxious to speak by the time twelve minutes had been ticked off. She bore it, however, like a soldier, until we *announced* that the time was out, when she immediately came to herself and commenced pull-off the plasters and begging others to help her. This was the end of this brain disease. We gave a few drops of comp. spts. lavender as a placebo. Before leaving for home, we *incidentally* mentioned that we had just received a large supply of mustard, and directed that in case she had any return of the symptoms, to let us know. It is needless to say that she had no relapse. We believed this to have been originally a mild case of hysteria, which had been aggravated by the *will of the patient*. Of the truth or falsity of this opinion, the result of the treatment may perhaps be regarded as a very good test.

CASE 2. We were summoned to see a lad twelve years of age, a son of Mr. P. On our arrival, we found the mother in tears, who informed us that her son was dying. She further stated that this was the fourth day of his sickness, that he had been under treatment, and that an opinion had been expressed that he would die some time that evening. She gave the following history of the case: He had been in bad health for several months; was pale, bloated, had variable appetite, bad breath, with occasional slight attacks of fever—which, upon the exhibition of some light purgative, would leave him. He had at various times taken medicine for worms, but without effect, as none came from him. Four days previously he had taken fever, accompanied, as the fever approached its height, with severe cough and sense of great oppression in the chest. He also complained of dull pain

in the right lung, with inability of lying upon that side. This was his condition when he had been first subjected to treatment, and the disease had been pronounced to be pneumonia. He had been, and was then, taking a mixture of hive syrup and laudanum.

After receiving this history, we approached our patient and commenced a careful examination of his case. We found him with high fever, skin very pale, pulse 140 to the minute; breathing somewhat stertorous, tongue with yellow slimy coat; eyes dull and fixed, noticed nothing, and it was almost impossible to arouse him. Carefully continuing our examination, we found the liver enormously swelled, so much so, as to press up the diaphragm against the lower part of the right lung. This pressure acting *mechanically*, so irritated and crowded the lung as to produce the feeling of suffocation, the cough, and the dull pain complained of.

We had forgotten to mention, in the proper place, that we had been sent for to see this case on the first day of the attack, but being absent at the time did not arrive till now, our absence having lasted three days. Noticing the stertorous breathing and the dull eye, we feared he had taken too much laudanum. We, therefore, proposed to give him an emetic of warm salt water and mustard. To this his mother objected, saying, that, "as he was dying, she would rather that he *died in peace*." We, however, prevailed upon her, and the emetic was administered. After its action, he was made to drink some strong coffee at intervals. After the vomiting, there was a very perceptible improvement in the expression of the eye, and he would notice a little. The indication now was, to emulge the liver and break up the fever. We prescribed calomel, x. grs.; ipecac. i. gr.; Ft. chart. iijj. One to be given every three hours, to be followed at a proper time with oil. We also left xvi. grs. quinine to be divided into four doses, one to be given each hour, commencing when the fever began to go down. The mother agreed to give the medicine with considerable reluctance, firmly believing that her child was dying. We remarked to her before leaving, that on our return next

day we hoped to see our patient able to sit up. She replied, still sobbing bitterly, that she "expected we would find him 'laid out.'" On driving up to the gate next day about 11 o'clock, I found my patient sitting in the front door eating a piece of biscuit, and his happy mother sitting beside him. Here, the pressure of the liver through the diaphragm upon the lung being overlooked, was the cause of an error in diagnosis.

CASE 3. This was the case of a young mulatto girl, about fourteen years of age, sent by her owner to remain a month under our treatment. She was in very bad health, was pale, rather bloated, and had disordered digestion. This was her general condition; but on the day previous to her being sent to me, she was taken with bloody vomiting; she had had returns of it every four or five hours since. I was informed that she had fallen off a fence a day or two previously, and to some injury received from this fall was the vomiting attributed.

On examination, we found the stomach somewhat tender upon pressure; pretty severe headache; some pain in the back; uterus slightly tender on external pressure; pulse about eighty-five to the minute, full and strong. Upon inquiry we learned, from the girl herself, that her catamenia had appeared for the first time about five weeks previously. This was the case, and the whole history connected with it. The question to be determined now, was: was this a case of Hematemesis, or was it a case of Vicarious Menstruation? We apprehend that it will be seen at once that the difficulty in diagnosis here, was not so much in the symptoms themselves, as in the accompanying history. It seemed to point to the fall as the cause, in which event, the disease would at once be pronounced *Hematemesis*. On the other hand, the catamenia of five weeks previously—only a week over the time—(and the knowledge that this function was frequently irregular at its establishment,) taken in connection with the present *tenderness of the uterus* and pain in the back, led us to believe that the fall was a mere coincidence, and that it was a case of Vicarious Menstruation.

We thought it best, however, to hold our judgment in abeyance until further progress of the case. We came to this conclusion the more readily as the amount of blood escaping from the stomach was not as yet in sufficient quantities to exhaust her, and because we considered that it would be very hazardous practice to give her acet. lead, &c., to stop the discharge, when, if it proved to be what we thought it, violent disease of the brain, or some of the internal viscera, might be brought on. We, therefore, gave her an occasional saline cathartic for a day or two, and ordered sinapisms to the back, and hot mustard bath to the feet at night. During this time she vomited blood two or three times, when it ceased. For the next three weeks she was put upon an alterative and tonic treatment, under which her general health was much improved.

At the end of the month she complained of pain in the back and head, with feeling of fullness in the pelvis. This continued for twelve or fifteen hours, when she *again* commenced the bloody vomiting. Feeling now fully satisfied that it was Vicarious Menstruation, we at once resorted to our favorite remedy in these cases, viz: venesection. Blood was taken from the arm pretty freely; she had her feet put in hot mustard water, and took the warm hip bath for twenty minutes. After the bath she took viii. grs. pulv. Dov. in a cup of hot catnip tea, and went to bed. In about three hours her catamenia returned in the natural way, and there was no farther difficulty in the case. We knew her for several years afterwards, and heard of no return of the disease. We had another case in the following year, in a girl of sixteen, almost precisely similar, which was treated in the same way with prompt recovery.

SELECTIONS.

"Ought a Physician to tell a Patient that he is going to die?"

[From the Nashville Journal of Medicine.]

In the June *Atlantic*, the "Professor," in the person of Dr. Holmes, makes this assertion, "As a general rule, no man has a right to tell another, by word or look, that he is going to die." Is he right? The doctor says, "If you are making choice of a physician, be sure you get one, if possible, with a cheerful and serene countenance. A physician is not—at least, ought not to be—an executioner, and a sentence of death on his face is as bad as a warrant for execution, signed by the governor."

I believe the doctor is fully right, with the qualification he has attached—i. e., "as a general rule;" and yet, how many practitioners entirely disregard the principle involved! Yes, not only by the elongated visage, the sombre, sepulchral manner and doleful "hark-from-the-tomb"-like noise with which they habitually approach the bed-side of the sick, but also by a hasty and sometimes premature announcement of their opinion that the case will terminate fatally and soon, thus at once bringing two most powerful causes into action against their patient as auxiliaries to disease, to insure the fulfilment of their prognosis—i. e., the influence of imagination and the loss of hope. I believe this unwise, inhuman, barbarous, if not quasi murder. Dr. H. alludes to a case where the patient exclaimed to his physician, "You have killed me," when the doctor had simply said, "You can not live six months." The poor fellow sank in six weeks, while under ordinary encouragement he was good for six months at least. In discussing this question, I am aware that I shall meet on the threshold two sets of objections: 1st, that of veracity, honesty, demanded of all, and of none more than the physician; 2nd, requiring the physician to act as sentinel upon the confines of eternity—to some extent assuming the office of priest or minister of

the gospel, thereby giving the very sick or apparently dying time to arrange their worldly affairs, and for a possible death-bed repentance. But we do not advocate either falsehood or deception, or, when demanded of us, the withholding perfect frankness. But this admission, we take it, does not imply that it is the duty of the physician always to wear a sad or solemn face in the sick room, and to every patient open the gate and point to the gloom which overhangs the "valley of the shadow of death." Oh, no! And yet this is the habit of not a few practitioners. Some, for effect, endeavor to make all cases appear as grave as possible, expecting that when it shall have been noised abroad that they can cure such desperate cases, their reputation will be established for wonderful doctors. Another class avoid this gross and patent treachery, go smoothly and honestly along in their mild cases, make no extra pretensions to skill above their fellows. But here comes a doubtful or probably fatal case, it may be of pneumonia, fever, or of organic disease and fatal tendency—consumption, for instance. Now, for fear he will be blamed for want of skill, he hastens to say to the patient and friends that his case is hopeless, that no one on earth can cure it—the patient must die, and that soon! But is the physician bound to announce such an opinion before the patient? In acute diseases—fever, and the like—I am sure it is wrong. Let him tell the friends, if he will, and probably he should, but not the patient, "as a general rule;" for, in such cases, until he is in articulo mortis, "while there is life, there is hope." And shall the physician wrest that hope from a fellow-being struggling upon the brink of the unknown hereafter? A word, a discouraging expression of the countenance, may turn the scale; despair takes the place of hope, and a life is sacrificed, a family circle broken by the untimely death of a father, mother, brother, sister, or friend. These cases call for great caution—policy, if you choose.

But the other class, the certainly hopeless, what of these? Even here I do not feel called upon to hasten their departure by an abrupt and definite opinion, especially as to time.

Such ordinarily, do not need to be told that their disease must end in death. But how often is the hour postponed by the lapse of months or years, and so postponed as much by hope as cod-liver oil and whiskey; or rather, these last, without hope, would have been powerless or altogether futile. Still, with Coleridge I would say, "He is the best physician who is the greatest inspirer of hope."

Thus far I have attempted to answer the first objections. If it is clear that as physicians our office is to attempt the restoration to health, or prolongation of the life of the sick, by the influence of the mind on the body, as well as by the use of drugs, then I think the second set of objections obviated, as we are physicians, not preachers. Remember the qualification—"as a general rule." There are doubtless exceptions, and every physician meets them, and meets them, it is to be hoped, as a true man, a philanthropist, if not as a Christian. But I think I have seen ministers of the gospel, with the best intentions, but too little common sense, step out of their sphere, and in so doing, become executioners instead of comforters and teachers of the sick; not alone by recommending quackery or patent medicines, but by an unwise, not to say inhuman haste, to excite the fear of death of the body, as a means of securing attention to matters of admitted importance pertaining to the soul.

I need not recall to the mind of the physiologist the influence of the nervous system, guiding with royal hand all the functions of the organism; or how the emotions unduly excited, relax tissue and suspend secretion, as fear in the case of the raw recruit on entering his first battle; often, old soldiers tell us, the sphincters give way! or as the milk of the nursing mother, so changed by sudden anger or deadly fear as to produce convulsions, and death even, in the before perfectly healthy infant. These, and a thousand like cases, might be introduced to show this wonderful connection and mutual dependence. But a volume would not exhaust the subject. Do we, however, bear these things enough in mind in our own intercourse with the sick?

Who can measure the influence of hope on man? What would life be without hope? It underlies most of the success in life. It is the guiding star of the mariner in his calm and prosperous voyage—hope of success and safe return. In the storm and tempest, hope, like an angel, still whispers in his ear, while he has a plank beneath him. So of the merchant—the man of business—all, all alike more or less earnestly cling to hope to the last. Well has it been likened to an anchor! Now its flukes hold on to the last: shall the doctor be the one to cut the cable of this anchor?

Who will say that hope does not have a great influence in the recovery of the sick, or at least in the prolongation of life? Does the quack not avail himself of this principle, and oftentimes successfully, by inspiring hope and trust in him and his powerless globules? Shall he have the only benefit of such a principle? It belongs rightly to the medical profession. While we do not think we should deceive our patients, it is not always necessary to tell *all* we know or think; we are to act for the time for his good, his restoration to health, or as a guardian for his ward. Call this policy, or what you will, is not the remark true, “as a general rule,” no man has a right (abruptly), by word or look, to tell another he is going to die?

Laceration of the Cervix Uteri. From Preternatural Rigidity.

A case of this character fell under my care a few days ago; and, as it is a *rare* condition of things, and is liable to give a good deal of *anxiety* to the uninitiated, I have concluded to report it for the benefit of my younger medical brethren.

On the 22d of May last, I was called to attend Mrs. C. who was then in labor with her second child—the first having been born about two years previous. Upon examination, per vaginam, I found *two* distinct openings into the womb—one anterior to the other. I passed my finger in at the one, and out at the other; hooking the lacerated part over the first phalange of the index finger. The septum,

or lacerated part, seemed to be nearly a half inch broad, by an eighth in thickness. Upon a still closer examination, I found the posterior opening to be the natural *os tincae*, while the anterior was the lacerated opening. The presentation was natural; and, as the labor progressed, I found the anterior opening more dilated than the posterior, and supposed that the foetus would emerge through that opening. I hesitated for a few moments, whether to draw the septum forward, and thus try to have the child pass through the natural os, lest the other one might be still further lacerated, or let it take its own course, and finally decided upon the latter. If, thought I, the rigidity of the os was too great in the first instance, it is probably too great still; besides, the labor would be greatly retarded, as the natural os was so far posterior that the vortex would press unduly against the sacrum, and thus the foetus would be thrown out of Carus' curve, the line of which seemed to correspond with the lacerated opening.

The labor continued about six hours, when a "man-child" was born into the world—which unfortunately, however, proved to be "before its time," probably about a seven or eight month's child. It was with some difficulty that I established respiration—every care was taken, but the child lived only about twelve hours.

The expulsion of the placenta was arrested by the septum, and I had to pass my hand into the vagina to release it, before it could be brought away.

The woman had a strong disposition to peritoneal inflammation; but, by timely assistance, this was prevented, and she was "up and about" in nine days.

I learned from her that, in her first confinement, she had very strong and long continued pains, but that "*suddenly*," to use her own expression, the child was born. Her medical attendant gave her no reason for it, and the probabilities are that he mistrusted not the undue rigidity, and knew nothing of the rupture in the cervix uteri. Her convalescence was tedious, and she still suffered more or less from

weakness, pains in the back, an uneasy sensation about the womb, etc.

The *rationale* of the case I presume to be, that, previous to her first gestation she had *anteversion* of the womb, together with *extreme rigidity* of the os uteri, both of which conditions continued to a certain extent, up to the time of her confinement. Then, the mouth of the womb, resting against the sacrum, together with this extreme rigidity, prevented the child from being born *per viæ naturales*, and hence the rupture, *anterior* to the mouth, through which the child was "suddenly" born. This rupture finally healed at its edges, leaving, however, a *double* opening into the womb—through the false one of which the last child was born, and all subsequent ones will be, if she continues in the "good old way."

This was not a case of *occlusion* of the os uteri, as I could readily pass my finger in or out of the natural os. Neither do I think that it depended on *obliquity* alone, as Velpeau, Baudelocque, Desormeaux, North and others think that many cases of ruptured womb do; but it was a consequence, in my opinion, of the two abnormal conditions combined, viz: *obliquity* and *rigidity*.

If her medical attendant, in her first confinement, had known the exact condition of part, perhaps he might have prevented the rupture, by elevating and supporting the fundus of the womb—drawing forward the mouth, administering nauseating dose of tartarized antimony with opium, bleeding, *ad diliqueum animi*, if necessary, or, even incising, with a probe pointed bistary, one side of the cervix uteri; but, as he knew it not, and did nothing, Nature took the case in her own hands, made an incision in the "natural way," and left two openings instead of one, into the great *matrix materni*—that wonderful "fountain of life!"

The First Experiment with Chloroform.

Dr. Simpson, with his two assistants, sat down late one night, after an arduous day's toil; and, when most physicians as well as patients were wrapped in sleep, began to inhale various substances which had been collected. A small bottle of chloroform had been raked up out of some obscure corner, and was to take its turn with the rest. Each experimenter having provided himself with a tumbler or finger-glass, a portion of each selected fluid was poured into the bottom of it, and the glass was placed over warm water to favor the evolution of vapor. Holding the mouth and nostrils over the vessels these votaries of science courageously explored this *terra incognita* by inhaling one vapor after another. At last each charged his tumbler from the small bottle of chloroform, when immediately (says Professor Miller) an unwonted hilarity seized the party; they became bright-eyed and very happy, and conversed with such intelligence as more than usually charmed other listeners who were not taking part in the proceedings. But, suddenly, there was a talk of sounds being heard like those of a cotton mill, louder and louder; a moment more, then all was quiet, and then—a crash. On awaking, Doctor Simpson's first perception was mental. "This is far stronger and better than ether," he said to himself. His second was to note that he was prostrate on the floor, and that his friends were confused and alarmed. Hearing a noise, he turned round and saw his assistant, Doctor Duncan, beneath a chair, his jaw dropped, his eyes staring, and his head half bent under him, quite unconscious, and snoring in a determined and alarming manner. More noise, and much motion. And then his eyes overtook Dr. Deith's feet and legs, making valorous efforts to overturn the table, or more properly to annihilate everything that was upon it. All speedily regained their senses, and from that day—or rather from the middle of that night—dates the discovery of the marvelous properties of chloroform. A patient was found in the Royal Infirmary who submitted to its influence during an operation and who awakened after-

wards, quite unconscious of what had happened, with a merry eye and placid countenance.—*Household Words.*

GELSEMINUM SEMPERVIRENS IN GONORRHOEA.—Dr. J. Douglass thus concludes a letter published in the Charleston Medical Journal and Review: "About thirty years ago I was called on in my office, by a young man who had been suffering several months with improperly treated Gonorrhœa. One of my pupils begged me to give the case to him, observing that he could cure the most obstinate case in a few days, with the root of Yellow Jessamine. A small hand-full of the root was put into a junk bottle of whiskey, and the patient ordered, in a day or two, to take a table-spoon-full of this tincture night and morning. He took but four doses before he became much alarmed, and called on me, stating that the medicine had destroyed his vision. The symptoms he described correspond precisely with those mentioned by Dr. M. Every symptom of Gonorrhœa had disappeared, and the cure was permanent. Since that time I have treated many cases of the same character in a similar manner, with uniform and speedy success."

Fœtus Carried twenty-two months beyond Term.

[From the Boston Medical and Surgical Journal.]

Dr. Storer exhibited a fœtus, which he had received from Dr. James M. Buzzell, of Springfield, and read a letter from Dr. B., giving an account of the case.

The mother, aged 42 years, had had five children by her first husband. A year after his death, in 1850, she was married a second time. After her second marriage she had several miscarriages, and in the month of November, 1857, she became convinced that she was again pregnant, from the quickening, and other usual signs of pregnancy which she then experienced. By great care on her part she went the full period of pregnancy before any symptoms of labor appeared. At the time she expected to be confined, her

breasts filled with milk, and her nurse was obliged to draw them for several days. In the month of April, 1858, she was supposed to be in labor, and sent for her family physician to attend her. He had been skeptical in regard to the fact of her pregnancy, but on his arrival, supposed he had formed an incorrect diagnosis. The pains, however, were not constant or of much force, and soon subsided entirely, never to return as true labor-pains, although she had at intervals, for two months afterwards, occasional attacks of pain in the sides, which finally ceased. She had menstruated some two or three times during the nine months of gestation, as had been the case with her once or twice before, during pregnancy, and afterwards the catamenia appeared at irregular intervals up to the time of her death, though the quantity was small. She enjoyed, to all appearance, good health up to October last, was fleshy, and capable of performing considerable labor. After the time of expected confinement, the size of the abdomen gradually lessened for about six months, when the *tumor*, as it was now supposed to be, was as large as a full-grown fœtus.

In October last, she fell down a flight of steps, by which she received a severe shock. She afterwards complained greatly of pain in the back and bowels. Dr. Buzzell first saw her at this time. She had much fever, and great pain and tenderness of the abdomen, which made it impossible to make a satisfactory examination for two or three weeks. There was a severe cough, which aggravated the pain. Nausea and vomiting occurred every two or three weeks. As soon as a favorable opportunity occurred, Dr. B. made an examination per vaginam, and found the os uteri entirely closed, and the cervix obliterated; the uterus forming a solid tumor, fixed and immovable by any pressure of the hand or finger. Four weeks after the accident a diarrhœa occurred, of a large quantity of offensive matter, which was not seen by Dr. Buzzell. The paroxysms of nausea and vomiting increased in frequency and intensity until her death, which took place on the 14th of February.

At the *autopsy* a very extensive adhesion was found be-

tween the fundus of the uterus and the small intestines, and also between its side and the sigmoid flexure of the colon. The Fallopian tubes and ovaries were found in their natural relations to the uterus. The uterus contained a foetus in the natural position for delivery, but no trace of a placenta could be found. There was about a pint of thick, yellow fluid in the uterine cavity. An opening in the left side of the uterus communicated with the interior of the colon, and the left hand and fore-arm of the foetus were passed into the bowel, as far as the elbow. Feculent matter had passed into the cavity of the womb. The os uteri was entirely closed, and no trace could be found of it upon the inside.

Clinical Lecture on Erysipelas.

[From the Chicago Medical Examiner.]

Gentlemen:—I present before you here a case of disease of a kind which will often confront you to your sorrow in your professional career, and which will occasionally bring your best planned and most brilliant surgical efforts to a disastrous termination. It is a case of traumatic erysipelas. This subject is so imperfectly understood by the profession, and so wretchedly descanted upon even [by our best text books, that I have to some extent been obliged to investigate it *de novo*, and am obliged to condemn some very common precepts of the best authors. At the same time the importance of a correct knowledge of the disease is such that we may well spend our whole hour upon it.

Gentlemen, Erysipelas in some form or other, is the cause of more deaths after surgical operations and injuries, than any other single condition.

It is comparatively a rare thing in modern surgery to have a patient die from the effects of a pure and simple inflammation. Such has been the progress of our art, that we are able to cut short with promptness and great certainty almost every case of simple acute inflammation that presents itself to us. But the slightest experience shows the surgeon that

when he meets a case of traumatic erysipelas, he has something more than the ordinary effect of a wound to deal with, and that there are malignant tendencies present which must be met by other measures than those of a simple antiphlogistic character.

After a full consideration of the subject, I have adopted the following definition of this scourge of surgery. *Erysipelas is an inflammation produced by the presence of a peculiar organic poison acting upon a system laboring under an aplastic diathesis.*

These three elements, the inflammation, the poison, and the aplastic diathesis, will constitute at all times an erysipelas, but if either one of them be absent, the case is not erysipelas, but something else. If the poison be absent, we have simply an inflammation with an aplastic effusion. If on the other hand the poison be present, but the aplastic diathesis be wanting, then the inflammation will be limited by plastic effusion, and will be a boil, a carbuncle, or some other circumscribed abscess.

The existence of the peculiar poison of erysipelas is proved by innumerable instances of inoculation. Before this patient came to the Hospital he poisoned no less than three members of his family. The first was his mother, who had a scratch upon her finger, which received the poison while dressing the limb. The result was a bad whitlow on the finger. The pus from this whitlow having been brought in contact with her eyes, she had an acute purulent ophthalmia. A sister of the patient having soiled her hands with the dressings, rubbed carelessly a raw pimple on the side of her face, and had as a consequence a decided erysipelas in the face. The father poisoned one of his hands in a similar manner, and had a slight erysipelas following it. A patient of a friend of mine had erysipelas in the leg which was communicated to an attendant in a similar manner, causing the death of the latter, by sloughing of the affected tissues and by pyæmia.

These instances are taken from many which have fallen under my observation, and they all go to show the existence of this peculiar poison.

The poison existing in certain subjects in the dissecting-room is of the same character, and during several years experience as demonstrator of anatomy, I had formerly an opportunity to satisfy myself that poisoning by dissecting wounds is in every instance an inoculation of erysipelas, and that it will only prove fatal when inserted into systems under an aplastic diathesis.

The erysipelatous virus is of different degrees of virulence in different cases. In some instances it only irritates the tissues enough to cause a moderate serous effusion into the areolar spaces, while in others it goes through the meshes of the superficial fascia like a solution of caustic, killing and half dissolving the tissue as it goes, and causing gangrene over the surface of half a thigh or arm at once.

That an aplastic diathesis is necessary to the existence of traumatic erysipelas is proved by a most interesting series of observations. There have occurred within the sphere of my observation many instances where different persons were inoculated at the same time, and I observe that the effect of the same virus is widely different in different persons. Thus, if the system of one is vigorously plastic, as shown by a quick healing of all cuts and scratches, an inaptitude for suppuration, and an active and healthy state of those secretions of the body which are normally acid in their reaction, such a person *cannot have erysipelas*.

If the virus is inserted into his tissues, it will be immediately circumscribed by a plastic effusion, a regular abscess will form, and the poison be ejected along with the pus. If the poison be very virulent, it will produce a slough, and a carbuncle will result.

A medical officer of the U. S. Army, informed me that he in company with another surgeon once made a post mortem examination of a child that had died from erysipelas. Both these gentlemen wounded themselves slightly in the dissection. In the case of my informant, who was in a strongly plastic diathesis, the poison was limited by plastic effusion, and the wound became the seat of a carbuncle. His companion, however, whose system was in a less favor-

able condition, had traumatic erysipelas in a bad form and died.

You see therefore why it is that antiphlogistics fail of their usual effects in inflammation of an erysipelatous character. While you are attempting to subdue the action by cold and purgatives and bleeding, a malignant poison is filtering through the tissues and destroying them. What we have to do in this disease is chiefly comprehended under two heads. First, to antidote the poison, and secondly, to correct the aplastic diathesis, and I am happy to inform you, gentlemen, that the means of accomplishing both these ends are now discovered.

Iodine has the power of destroying most, if not all organic poisons. Even the venom of serpents when mixed with it becomes harmless. The application of Tincture of Iodine to erysipelas is an old and favorite mode of treatment, and one worthy of all commendation. The ordinary method, however, of simply painting the affected part with the tincture two or three times a day, is by no means as decided a treatment as these cases often demand. In the present instance I shall order cotton batting *dipped* in the tincture to be wrapped around the whole arm, and confined by a piece of india rubber cloth to prevent evaporation. In this way I expect to produce a more active and complete absorption of the remedy than usual. It is probable that chlorine, bromine, and also that allotropic form of oxygen called ozone, have all antidotal powers similar to those of iodine, but as yet they are not much used for this purpose.

The second indication in this case is to effect an immediate change of the patient's diathesis from the aplastic to the plastic. Now it is becoming a favorite opinion with pathologists that the aplastic diathesis depends upon the presence of an excess of alkalies in the system, and that in particular ammonia is in excess in a variety of low adynamic forms of disease. In confirmation of this opinion is the fact that those remedies which most rapidly promote the plastic diathesis are all capable of neutralizing free alkalies. Such are the mineral acids, the soluble sulphates, iodides, chlo-

rides, and nitrates of iron, copper, zinc, silver, and mercury. But among all these, I know of none practically so valuable for internal administration as the perchloride of iron, either in the form of a watery solution, or of the muriated tincture. With this remedy we have almost complete control over the diathesis. I have not time now to detail cases, but, gentlemen, I know what I assert when I say that with this remedy a total change in the diathesis can be made in twenty-four hours, so that at the end of that time an erysipelas shall not be able to extend to any new tissues. You must not think to accomplish this however by feebly prescribing twenty drops three times a day. I shall order this patient twenty drops every hour, night and day, and such is my confidence in the result that I predict to you that to-morrow morning as we enter the ward you shall see a marked diminution of the swelling, and at the end of forty-eight hours I expect to discharge the patient convalescent. This use of the perchloride of iron is a recent advance in surgery, and one of the most valuable improvements ever made. It is only in the early stages of the disease that you can predict its success with the confidence which I have done in this case. After suppuration has already occurred, an organic mischief has been done which time alone can repair, although the remedy is still useful to prevent further destruction.

That domestic remedy, the cranberry poultice, is probably useful, correcting by its acid the excess of alkali in the diseased part, and so promoting plasticity. I caution you, however, against expecting any plastic result from the *internal* use of vegetable acids. In the stomach they are all digested and destroyed, leaving no acid product.

Finally, gentlemen, in the low forms of this disease, never give ammonia as a stimulant. The system is already dissolving and breaking down into alkaline pus and serum, and every drop of ammonia adds to the fatal excess of alkali which produces the morbid result.—*Andrews, M. D.*

On the Use of Quinine in Scarlatina.

[From the Philadelphia Medical and Surgical Reporter.]

Observing in the issue of June 2d, of the Reporter, in the Periscopic Editorial Department, a few meagre remarks in reference to the treatment of scarlatina with quinine, I beg leave to add my testimony, more fully, to that of Dr. Sellers, and say that that "dosing" of his may be repeated with safety and advantage every morning, so long as the case requires. However, in our more northern climate, (Pennsylvania) I should not think such large doses necessary, or even advisable. For many years I have invariably been accustomed to treat scarlatina—premising a mild emetic or emeto-cathartic—by the administration of just as much quinine, in divided doses, in the morning, as I would give the case were I anticipating an ague chill at 11 o'clock. During the afternoon, so long as the febrile paroxysm continued, I would give either small and repeated doses of tr. aconite, or tr. verat. viride, to reduce the fever, moderate the heart's action, moisten the skin, etc.

The following morning I would confidently expect to find a marked remission of fever, or even intermission—each day of much longer duration—and provide for the same by leaving four doses of quinine, suitable to the age of the child, to be given an half hour or hour apart.

Solution of chlorate of potassa as a common drink, is allowed throughout the sickness, with mucilage of elm, gum acaciæ, etc. Enemata, or small doses of castor oil, to keep the bowels in a soluble state; and in a few days, when the tongue parts with its thickly furred coat and becomes clean, dry, red and shining, or fissured—then ol. terebinth. in a thick mucilage of gum and sugar, given liberally, (as in typhoid fever, under similar circumstances and in like stage of the disease,) will act promptly in restoring the patient to health. If there should arise sordes upon the teeth, or dark scales appear upon the lips, then gum acaciæ and sod. bicarb., in combination, should be freely used. Tepid sponging of the body with ley, largely diluted, or with a solution of chloride of lime, will allay restlessness,

abate the fever, and is generally attended with excellent results.

The quinine, given during the morning remission throughout the disease, or until the use of turpentine is indicated, keeps off that strong tendency to putrescency in this complaint; and the subsequent use of ol. terebinth., with attention to the bowels and to the skin, as before mentioned, prevents that tendency to anasarca, a troublesome and not unfrequent sequela to scarlatina.

Valuable Surgical Discovery.

[From the New York Express.]

PARIS, July 28th, 1859.

A medical discovery of much value, destined to effect a great amelioration in the treatment of ulcers, abscesses, flesh wounds, &c., has lately been made by two former *internes* or house surgeons of the Hospice de la Charite, and by them generously offered to the world without fee or reward. At the last sitting of the Academy of Science M. Velpeau demanded permission to make an important communication, and announced that the two young practitioners in question, Messrs. Crome and Demeaux, had paid him a visit for the purpose of presenting to his notice their discovery and explaining to him its results. Messrs. Crome and Demeaux have found a process for the complete and instantaneous disinfection of animal matter. The action of the disinfecting agent arrests the progress of decomposition, and effectually prevents the generation of insects. The substance, prepared for use, costs here about one franc for a hundred pounds, and the expense in America would probably be still less. The following is the formula, as given by the inventors themselves:

Plaster of commerce, reduced to a fine powder, 100 parts; coal tar, one to three parts. The mixture of the two substances is effected with ease by the aid of a mortar, or by any other appropriate mechanical means. The application of this composition to the dressing of sores or wounds

requires a particular preparation. A certain quantity of the powder, prepared according to the formula, is diluted with olive oil to the consistency of a paste or ointment. This species of paste or salve is of a dark brown color, has a slightly bituminous odor, and may be kept in a closed jar for an indefinite period. The oil unites the powder without dissolving it, and the composition has the property of absorbing infectious liquids the instant it is applied to the sore which produces them. The application may be mediate or immediate. In the latter case, that is to say, placing the composition directly in contact with the sore, no pain whatever is produced; on the contrary, the salve has a detersive action, cleanses the sore, and favors circulation.

In the course of his remarks, M. Velpeau mentioned the case of a patient at the Charitie, to whom the new process had been applied, with perfect success. This person was afflicted with a frightful abscess in the thigh, from which exuded a purulent matter of a most infectious odor, rendering the operation of the Surgeon both painful and difficult. This matter, mixed with a powder held in readiness by the two experimentalists, was disinfected in one minute, touched with impunity by the spectators, and applied beneath their noses, without leaving a trace of unpleasant odor.

As has been seen, the elements of this composition are of the simplest character, and though intelligence of the discovery could not have reached the medical faculty of the United States in advance of this letter, your own surgeons will doubtless receive by the same mail which carries this, every corroborating particular. My desire is to make known the event throughout our country, and I sincerely hope this paragraph may be widely copied by your exchanges. As M. Velpeau himself observed at the close of his observations before the Academy, too much publicity cannot be given to so valuable a discovery, as well as the disinterestedness of its authors. In their own report, Messrs. Crome and Demeaux state that the composition may be applied in the form of a poultice, or on cotton, and laid on the wound. They demonstrate that their mode of dress-

ing possesses the double properties of disinfecting morbid products, and of absorbing their liquids. This last circumstance entirely obviates the necessity of lint—which is one of the most important features of the discovery.

Regimen.

[From the Medical Chronicle.]

Dr. James Jackson, in his letters to a young physician, advocates an exclusive vegetable diet, both as a remedy and a preventive measure in epilepsy and apoplexy. Although patients may rebel against the prescription, if made to embrace the remainder of their lives, they will generally become reconciled to it if recommended temporarily, so as to become more indifferent on the subject than they had anticipated. Exercise is enjoined, mental perturbation disapproved, and the patient advertised not to return to animal food so long as he has very good health without it. In phthisis and hemoptysis on the contrary, he recommends animal food, milk, and a farinaceous diet, to which should be added fruit, and other articles of a laxative character, in case of a tendency to habitual constipation. Exercise in the open air, he considers of all things the most important in these diseases, which should be carried as far as the vigor of the patient will permit. It should not be done rashly, but boldly. The great object is, to prevent the cachexy, if it has not appeared, or to overcome it when it has, by such measures as will tend to increase the general vigor of the system, trusting to the natural efforts to overcome the disease. With the body properly protected by suitable clothing the patient is advised to live pretty much out of doors. For the relief of hemoytysis he recommends a combination of sulphate of copper and opium. In an urgent case he gave one grain each of these remedies, and repeated the dose in twelve hours. During fifty years practice he had only met with two cases in which this hemorrhage proved fatal in phthisis.

Atropia, in Incontinence of Urine.

[From the Journal of Materia Medica.]

After observing the effects of belladonna in incontinence of urine, so highly spoken of by many writers in different medical journals, the writer was induced to try the alkaloid principle, *Atropia*, knowing that the effects produced upon the system are exactly those of belladonna, only that they are relatively more powerful, while the extract and tincture often require a much increased dose, and often fail to produce the desired effect.

The dose can be more easily managed, and danger from poison avoided. It can be given in solution, with but little observable taste, which is of much advantage when given to children.

Before giving the *Atropia*, attention should be given to the alimentary canal—correcting all irregularities, so far as possible. We often find some tenderness of the spinous processes of the dorsal and lumbar vertebræ, which should be rubbed twice daily with some stimulating liniment. The diet should be plain and unstimulating; water or slippery-elm bark tea for drink.

I have prescribed the *Atropia* in thirty cases, four of which were of long standing, and had been under treatment for a long time, a diversity of remedies having been used. All were completely cured, in a period of from six to fifty days.

The one-fortieth of a grain was given, three times a day, to adults, in solution, until the usual symptoms of belladonna is produced—that is, dilatation of the pupils and dryness of the fauces. The solution can be made as follows:

Rx.— <i>Atropia</i>,	.	.	.	.	gr. i.
<i>Aqua Destill.</i>,	.	.	.	.	drachms v.
<i>Acetic Acid</i>,	.	.	.	.	gtt. vi. M.

Dose: one drachm, three times a day—morning, noon and night—increasing or decreasing as occasion may require. For children, the dose must be graduated in proportion to their ages.

EDITORIAL AND MISCELLANY.

Reports, Cases and Diagnosis.

In reporting cases, it often happens that some of the facts connected with them are overlooked by the physician who reports them, in consequence of his notes having been made out a long time, or their not being as full as they should have been. This, we freely acknowledge, has been our condition in the present number of our journal. The duties of our profession have been onerous, and the office of reading and correcting proof has devolved, to a great extent, upon another.

We would state, that the second case of Convulsions in the early stages of Pregnancy, reported in this number, has not ended as we stated, or as we could have desired. After we had written that article, the lady was again taken sick, and then miscarried; since which time, however, she has done as well as any woman could do after an ordinary accouchement.

We would commend to our readers the remarks of Dr. HOOK, prefatory to the report of some interesting cases in our present issue, showing the importance of a proper diagnosis. We have often had occasion, during our career in the healing art, to conclude, like the Doctor, that more error results from an improper diagnosis, than all the *untreated* ills to which flesh is heir.

ST. LOUIS MEDICAL COLLEGE.—The catalogue of the students and graduates of 1859-'60, together with the announcement for 1860-'61 of this institution, has been received, and indicates the college to be in a prosperous condition. At its last annual commencement in March, the degree of Doctor of Medicine was conferred upon fifty-five young gentlemen. This college has an able faculty, many of whom are not unknown to fame.

The American Medical Association.

This body held its annual session in New Haven, on the 5th, 6th and 7th of last month. The meeting was a harmonious one, the attendance large—almost every State in the Union being represented—and over five hundred delegates presented themselves and registered their names. Dr. Eli Ives, of Connecticut, was chosen President, and Dr. Wilson Jewell, Pa., A. B. Palmer, Mich., R. D. Arnold, Ga., and J. N. McDowell, Mo., Vice Presidents. Dr. S. G. Hubbard, Conn., H. A. Johnson, Ill., Secretaries; and Dr. Casper Wistar, Pa., Treasurer.

Their proceedings were all of a very instructive and interesting character. The resolutions adopted by the convention of medical teachers connected with the Association, in reference to time of study required of candidates for the degree of doctor of medicine, the requisites for graduation, and method of conducting the examination of candidates before a board of censors appointed by the State Medical Societies, should meet with the approval of the whole profession, and be universally adopted by every medical institution in our land.

REST AT THE PRESENT DAY.—In the present day there is no fixed time for sleep. The world roars around us like a torrent of events. Everything is rapid; and we are whirled with velocity in the midst of a vortex as vast as it is incessant. Repose there is none; and instead of sleeping on a pillow of down, we stand continually on the tip-toe of expectation, awaiting the coming-on of to-morrow, big, as it were, with the doom of some great hereafter.

"EFFECTS OF DISEASE UPON THE TEETH," is the title of a neat and instructive pamphlet by Abr. Robertson, D. D. S., M. D., of Wheeling, Virginia, just received, which will be read with pleasure and profit by the members of the medical, as well as the dental profession.

MEDICAL SCIENCE.—The state of medical science may be considered as the criterion or barometer of the state of general science in a nation, (dark ages, present time, &c.) Of all the learned professions, Dr. Parr considered the preference due to the medical. In erudition, in science, and in habits of deep and comprehensive thinking, the pre-eminence must be assigned, in some degree, to physicians. The practice of the law spoils a man's moral sense and philosophic spirit; the church is too bigoted and stiff-starched; but the study and practice of physic are equally favorable to a man's moral sentiments and intellectual faculties.

HEALTH UNDERVALUED.—Such is the power of health that, without its co-operation, every other comfort is torpid and lifeless, as the powers of vegetation without the sun. And yet this bliss is commonly thrown away in thoughtless negligence, or in foolish experiments on our own strength; we let it perish without remembering its value, or waste it to show how much we have to spare. It is sometimes given up to the management of levity and chance, and sometimes sold for the applause of jollity and debauchery.

THE Massachusetts State Medical Society at its last meeting in Boston, adopted a resolution to propose what action is proper on the part of the Society respecting the disease now prevailing among the cattle in that commonwealth. A committee of five physicians was appointed, and requested to report at the earliest practicable moment.

CAUTERY TO THE EPIGASTRIUM IN THE VOMITING OF PREGNANCY.—The actual cautery in the form of moxas, and issues made with Vienna paste have been successfully used by Mr. Ferrand in obstinate vomiting during gestation. Cases which resisted all other treatment were relieved by such application to the epigastrium.

Georgetown

GEORGIA

Medical and Surgical Encyclopedia.

This Journal will be issued on the first of every month, and will contain forty-eight octavo pages of original and well-selected matter. It will be our aim and object, to the extent of our ability, to elevate the standing and dignity of the Medical Profession.

Questions connected with Medicine, or its sister Sciences, will be at all times welcome. Original essays and communications from members of the profession are respectfully solicited.

Trusting that our pages may, however, occasionally be perused by other than medical men, we shall, as far as practicable, avoid introducing such topics as might offend the modesty of our readers, although they might otherwise be a legitimate subject of medical communication.

We can only further say, that, so far as we are individually concerned, we shall endeavor to fulfill the promises thus made; and shall hope for a candid reception of an attempt to be useful. The aid and influence of the Press, together with the cordial support of Southern brethren, is respectfully asked; and should the plan on which we propose to conduct our Journal be approved, we cannot doubt an encouragement proportionate to its utility, and to the merit with which it may be sustained.

TERMS:—\$2.00 if paid in advance; \$3.00 if deferred till the expiration of the year. Address

Doctors HOLLIFIELD & NEWSOME,
Sandersville, Georgia.

TERMS OF ADVERTISING.

Advertisements for responsible firms inserted at the following rates:

	One Year.	Six Months.	Three Months.
One Page,	\$25.00	\$15.00	\$10.00
Half Page,	15.00	10.00	7.00
Quarter Page,	10.00	7.00	5.00
Eighth Page,	7.00	5.00	3.50

Transient Advertisements will be published at a slight advance on the above rates.